

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-30-03.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 12/30/03, therefore the following dates of service are not timely: 7/5/02-12/4/02.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the functional capacity evaluation was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 3/21/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of March 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 1, 2004

MDR Tracking #: M5-04-1187-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the supplied documentation, it appears that ____ injured his head, left shoulder, right wrist and neck when a 2 by 4 fell and hit him in the head on 05/31/2002. The claimant originally reported to ____ and received care. The claimant had a CT and plain film x-rays which were determined to be normal. The claimant went to see a chiropractor on 06/03/2002 and chiropractic therapy begun. MRIs were performed in the claimant's head, cervical and left shoulder regions with no positive findings. Chiropractic therapy continued. The documentation supplied contained mostly bills and letters of reconsideration. Ongoing daily notes and treatment plans/and or narratives were not included.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including an FCE rendered on 03/21/2003.

Decision

I agree with the insurance company that the services rendered were not medically necessary.

Rationale/Basis for Decision

The documentation supplied supports that the claimant sustained a soft tissue injury while at work on _____. The documentation supports chiropractic therapy during the initial phase of therapy. The FCE in question is approximately ____ months post-injury and is not supported in any way by the documentation supplied. The only documented injury in this case that is supported is related to the soft tissue and would have resolved in approximately 8-12 weeks post-injury with proper therapy. The services in dispute begin some 6 months post-injury. Since no other objective documentation was supplied that supported the FCE that was performed, then no medical necessity is established.